



Cheshire and Merseyside
Health and Care Partnership

Cheshire and Merseyside All together Fairer / Health and Care Partnership Annual Delivery Plan

2024-2025



Altogether Fairer Theme – 1. Giving every child the best start in life

(Please Note areas highlighted Green are the responsibility of the HCP)

More detail on the Marmot Themes/Recommendations can be seen in the Appendix 1

Programme of Investment /Activity	Programme Outline Economic Contribution	Programme Outcomes	Programme Measures	Marmot Beacon Indicators	Accountable Board / Organisation	Which partners are leading on/contributing to this?	Headline Ambition that this contributes to
<p>It is acknowledged that the 8 Marmot themes and a number of the delivery programmes are interlinked and impact on each other - for example Social Value. Paying a real living wage and employing locally. Actions will deliver social value under the Promoting Local Skills and Employment theme measurable by 'more local people in employment'; 'more opportunities for disadvantaged people', 'improved skills for disadvantaged people' and 'improved employability of young people'.</p>							
<p>Health and Care Partnership</p> <p>Child Health Equity Collaborative – Healthy Equity Framework</p>	<p>The Child Health Equity Framework sets out the social determinants of health for children and young people. Its main purpose is to underpin action for achieving greater health equity.</p>	<p>To develop a framework which sets out the key drivers of health, which can be used by partners across the Integrated Care System to guide the analysis of data and the development of indicators to assess and monitor health inequalities and support the development of interventions to improve the health and wellbeing of babies, children and young people.</p>	<p>Measures of the intervention stage are currently being agreed</p>	<p>Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)</p>	<p>Beyond Board</p>	<p>Directors of Children's Services Forum/ Liverpool Public Health</p>	<p>Children and Young People</p> <p>We will address the health inequality gap for children living in households with the lowest incomes by focusing on action that will relieve poverty.</p>
<p>Health and Care Partnership</p> <p>Child and Family Poverty Report</p>	<p>To build on the significant assets in the sub-region and in the North West, as well as the support of other areas and national organisations, to support delivery against the report actions</p> <p>Recommendation 1: Set an</p>	<p>Pillar 1 Priorities Maximising household income</p> <p>Pillar 2 Priorities Supporting children, young people and families</p> <p>Pillar 3 Priorities Building inclusive places</p>	<p>Link to full report</p>	<p>Percentage children achieving a good level of development at the end of Early Years Foundation Stage (Reception)</p>	<p>All Together Fairer Board</p>	<p>System Partners i.e. Integrated Care Board, NHS Trusts, Primary Care, Local Authorities, Voluntary,</p>	<p>We will promote good social, emotional and psychological health to protect children and young people</p>

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	<p>ambition on child poverty and articulate this widely. Recommendation 2: Agree a governance and oversight system Recommendation 3. Set a plan and have the capacity to implement it Recommendation 4. Adopt a Framework to set, monitor and drive action</p>					<p>Community, Faith, Social Enterprise (VCFSE) Organisations, Police, Fire and Rescue</p>	
<p>Family Hubs / Children's Centres</p>	<p>Family hubs are community-based services designed to provide support and resources for families with children.</p>	<p>Improved Family Wellbeing, Enhanced Parenting Skills. Better child development outcomes, stronger community connections, access to resources and support, reduction in vulnerability, increased Family Participation, positive change in behaviour and enhanced collaboration with Stakeholders.</p>	<p>Families report increased satisfaction with their family life. Improvement in mental and emotional health for both parents and children, Parents demonstrate improved parenting techniques and confidence. Increased participation in parenting workshops and classes. Children exhibit progress in developmental milestones through early intervention. Enhanced school readiness skills for preschool-aged children. Increased engagement in community activities and events.</p>		<p>Directors of Children's Services – Local Authority</p>	<p>Elaine Bentley</p>	

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			<p>Families report feeling more connected to support networks and local resources.- Increased referrals to local services for childcare, healthcare, and educational resources. Families have better access to essential information and support systems. Decrease in the number of families experiencing crisis situations or seeking emergency support. Effective support for families facing challenges such as domestic violence or financial instability.</p>			
Expansion of Specialist Parent-Infant Relationship Support Services	Increase in services to support the relationships and mental health of our 0-5 years across our Places.	Support the development of Family Hubs led by Local Authority partners. Family hubs as a place for families to access Start for Life and integrated health and care services locally close to where people live.	Over the next 2 years all 9 Integrated Care Board Places to have mobilised improved 0-5 yrs offer		Mental Health Programme Board - Children and Young People's Plan	Local Authorities, Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector

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<p>Healthy Child Programme</p>	<p>The healthy child programme aims to bring together health, education and other main partners to deliver an effective public health programme for prevention and support</p>	<p>The healthy child programme provides a framework to support collaborative work and more integrated delivery. The Early years high impact areas include: transition to parenthood and the early weeks, maternal and infant mental health, breastfeeding (initiation and duration), healthy weight and healthy nutrition, health literacy, reducing accidents and minor illnesses. School-aged high impact areas include: resilience and wellbeing, healthy behaviours and reducing risk taking, healthy lifestyles, vulnerable young people and improving health inequalities, complex and additional health and wellbeing needs and self-care and improving health literacy</p>	<p>Achieve high levels of compliancy with the 5 mandated Health Visitor health reviews. Ensure data validation for the 6-8 week breastfeeding rate. Complete and submit NCMP (National Child Measurement Programme) data. Respond to duties as set out within the SEND Code of Practice. Contribute to statutory safeguarding duty as set out in the Working Together (2023) Guidance.</p>		<p>Individual place based Directors of Public Health are the accountable Officers for the delivery and quality assurance of the Healthy Child Programme.</p>	<p>"NHS England North West DHSC Clinical Programmes Unit DHSC/DfE Best Start in Life and Policy Unit Local Authority Directors of Public Health and their teams Healthcare Public Health Maternity Services Department for Education UK Health Security Agency"</p>	
<p>Tackling Inequalities in Immunisation / Vaccinations</p>	<p>To ensure maximum protection for the Cheshire and Merseyside population from vaccine preventable disease</p>	<p>To improve immunisation uptake and coverage across Cheshire and Merseyside To reduce unwarranted variation between and within Places</p>	<p>Increase vaccination uptake for children and young people year on year towards World Health Organisation (WHO) recommended levels striving for 95% uptake where this target is applicable</p>		<p>Cheshire and Merseyside Screening and Immunisation Oversight Group jointly chaired by Cheshire and Merseyside Integrated Care Board and NHS England North West</p>	<p>Integrated Care Board including Place leads NHS England North West Local Authority Directors of Public Health and their</p>	

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						teams Primary care: GP and Community Pharmacy Community, Secondary and Specialist care providers UK Health Security Agency	
Ensuring Continuity of Care for Mothers between services (Family Nurse Partnership Programme) Maternity / Midwifery	<p>Ensure that all eligible women who meet the criteria for the Family Nurse Partnership (FNP) are automatically referred by midwifery services at initial booking assessment to the FNP no later than 24 weeks gestation (unless concealed pregnancy).</p> <p>It is proposed that an initial pilot will commence with Liverpool Women's Hospital and Liverpool FNP and Countess of Chester and Cheshire West FNP, with a focus on enhancing existing pathways; exploring the scope for improved digital interoperability between the services; as well as the development of a feedback mechanism to support improved communication.</p>	<p>To facilitate continuity of care between maternity/midwifery and Family Nurse Partnerships, through improved communication between the two services.</p> <p>Strengthened partnership working between maternity/midwifery and Family Nurse Partnerships, delivering more integrated/joined up care for vulnerable teenage parents.</p> <p>Improved outcomes for mothers and babies.</p> <p>Reduction in health inequalities.</p>	<p>% of eligible women referred by maternity/midwifery services to a FNP Service before 24 weeks gestation (increase in referrals to FNP)</p> <p>% of eligible women referred, who access a FNP Service (improved service uptake)</p> <p>Key Performance Indicators on Healthy Child Programme</p> <p>Improved integrated working between FNP and maternity/midwifery services</p>		Women's Health and Maternity Programme	Women's Health and Maternity Programme, Local Authorities, Place, Family Nurse Partnerships, maternity services	

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	<p>This will ensure continuity of care. Insight will also be obtained from service users within the FNP Services to explore further improvement opportunities to deliver more integrated/joined up care. The pilot will help to inform opportunities for scalability across Cheshire and Merseyside.</p>						
<p>Early identification of SEND (Special Educational Needs and Disabilities)</p>	<p>CYP with SEND have poorer outcomes, including shorter life expectancy They are more likely to be NEET, CIC, and more vulnerable to abuse. Those with severe and complex health presentations are likely to be open to all age continuing care, with high levels of whole life support needed. Early identification and intervention are necessary for delivering the 'right support at the right time', offering choice and control and thereby improving outcomes for those with SEND and their carers/family. Without appropriate care and support, this cohort required higher and more expensive levels of care in the long term.</p>	<p>The cohort of those with SEND aged 0-25 will be known across C&M and at every place. Multi-agency 'Team Around the Child' collaboration, underpinned by joint and co-commissioning which will ensure appropriate support is provided as soon as needs are identified. Waiting times for services and diagnosis should be within NHS recommended timescales. This cohort should live a happy, healthy and fulfilling life within their local community, as far as their condition allows and in way that they choose.</p>	<p>NHSE recommend referral to first appointment be within 13 weeks (C&M measure 12 weeks - 3 months) Health services complete diagnostic pathways within 340 weeks of referral Health services achieve RTT within 18 weeks access to CYMHS (including ARFID) for the SEND cohort are meet NHSE targets (35% of 10% of the CYP population is the universal measure) - an upward trend for SEND referrals receiving appropriate support.</p>		<p>ICB Nursing & Care System Oversight Board ICB CYP Committee local area SEND Partnership Boards</p>	<p>C&M Transformation & Partnerships Managers, Designated Clinical Officers at Place, Parent-Carer Forums at local and C&M level, Providers (NHS Trusts and Third Sector), TCP, C&M NDP Recovery Programme</p>	

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<p>Cheshire and Wirral Partnership / CANDDID (Centre for Autism, Neuro-Developmental Disorders, and Intellectual Disability) development of DNAT-SEN assessment tool (The Dynamic Needs Assessment tool for the Special Educational Population) <i>Currently in pilot stage</i></p>	<p>Tool developed and put out for schools to deliver as part of Pilot. Gaining threshold validation and subsequent sharing tool by publication.</p>	<p>To develop a tool for early identification</p>	<p>Pilot phase currently - aiming to have a tool which can be rolled out. Early identification which will lead to accessing appropriate support earlier.</p>		<p>North West Learning Disability and Autism Operational Delivery Network.</p>	<p>Cheshire and Wirral Partnership / CANDDID (Centre for Autism, Neuro-Developmental Disorders, and Intellectual Disability), Schools, NHS</p>	
<p>Young Carers</p>	<p>Pending Information</p>						
<p>Support for Children in Care/Care-Experienced Young People</p>	<p>Development of C&M ICB Children in care and care experienced young people strategy</p>	<p>To have a strategy to improve health outcomes for children care and care experienced young people across the C&M footprint, to remove unwarranted variation</p>	<p>C&M ICB Children in care and care experienced young people strategy implemented, and health outcomes are improved with no unwarranted variation</p>		<p>Integrated Care Board Children's Committee System Oversight Board</p>	<p>Integrated care board leading - system partners in delivery and implementation</p>	

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			in health care across the C&M footprint				
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Altogether Fairer Theme - 2. Enabling all children, young people and adults to maximise their capabilities and have control over their lives

Programme of Investment /Activity	Programme Outline Economic Contribution	Programme Outcomes	Programme Measures	Marmot Beacon Indicators	Accountable Board / Organisation	Which partners are leading on/contributing to this?	Headline Ambition that this contributes to
Cradle to Career	<p>The overall aim of the LCR Cradle to Career programme is to collectively design and deliver place-based change interventions across an initial six of the most deprived areas in Liverpool City Region. The original delivery of the Cradle to Career started in North Birkenhead.</p> <p>It has now been expanded to support communities in Halton Lea in Halton and Northwood in Knowsley, Linacre, Sefton and Parr in St Helens with a Discovery phase starting in Speke Liverpool in September 2024.</p>	<p>There are three underlying programme objectives of the Cradle to Career projects, Interventions are co-designed with each Community and are different but centre upon these objectives.</p> <ul style="list-style-type: none"> • To understand the enablers and barriers that children, young people and their families face at home, in school and in communities of the Liverpool City Region. • To enable local communities to sustainably take ownership of the development of the area in which they live, build on existing strengths, and address the issues that are most important to them. • To encourage a collective approach for effective place-based change amongst key 	<p>Programme measures vary by place. In North Birkenhead, where the work originated and where it is now in its fourth year of delivery programme measures include literacy measures and improved outcomes for vulnerable families</p>	<p>Average Progress 8 score</p> <p>Average Attainment 8 score</p> <p>Hospital admissions as a result of self-harm (15-19 years)</p> <p>NEETS - Young people not in education, employment or training (18 to 24 years)</p> <p>Pupils who go on to achieve a level 2</p>	Cradle to Career Regional Governance Board	<p>Right to Succeed provide the backbone support for the work. However, as it is a collective impact programme there are over forty different partners involved in the funding and delivery of the various community co-designed interventions.</p>	<p>Children and Young People</p> <p>We will promote good social, emotional and psychological health to protect children and young people against behavioural and health problems.</p>

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		stakeholders currently living and working in deprived communities to give children and young people the best start in life.		qualification at 19				
Skills Development – Apprenticeship Levy & Skills Portal	Pending Information update							
Care Leavers Covenant	Care Leaver Project (Employability) – reviewing C&M Provider Trusts offer to Care Experienced Young People (CEYP)	To develop a common / core offer for CEYP across C&M To further integrate this within wider place-based approaches To raise the profile and advocate for CEYP as a priority group	Scoping survey undertaken Number of C&M NHS providers engaged. Core programme agreed		C&M Children's Committee	Leading - Alder Hey Children's NHS FT C&M ICS Contributing CE YP Working Group (involving both NHS providers and LA partners)		
Corporate parenting	The corporate parenting duty(Section 1 of the Children and Social Work Act 2017) is held in effect by the DCS/place; however, partners are encouraged to actively participate in the delivery of corporate parenting via the section 10	The ICB CYP committee to work with partners to articulate a joint ambition for Cheshire and Merseyside to deliver good corporate parenting across all 9 places. This approach to be utilised to develop a Cheshire &	To be developed		C&M Children's Committee	ICB/DCS Forum/LA's - Place Directors - CYP - providers and wider partners		

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	<p>duty of The Children Act 2004. There is an established and growing evidence base that despite the small numbers of care experienced adults (18-25), they are disproportionately affected by health and wider inequities. There is clear value to look at this duty through a system wide lens as corporate parenting includes all aspects of a young person's life- their care, safety, accommodation, education, health, leisure, travel, education, and employment opportunities. It requires a system wide strategy to ensure corporate parenting is delivered well and lends itself to a place based as well as a regional approach. Cheshire & Merseyside Ofsted profile indicates that this duty is not being delivered well enough (with a few exceptions) so is an issue of concern for us all and central to any CYP transformation strategy.</p>	<p>Merseyside offer for care experienced young people across the system over the next three years involving the LAs, ICB and other relevant partners.</p>					
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Appropriate Places of Care - Children and Young People	Work started to design with system-wide stakeholders a best practice model known locally as an 'Appropriate Place of Care' along with developed business case/s based on population need at the appropriate scale to support the development and mobilisation of 'Appropriate Places of Care'	To prevent inappropriate admission to care, custody or inpatient services. To provide wrap-around support to Children and Young People and their families, reducing risk of escalation and providing care closer to home.	Mobilisation of an 'Appropriate Place of Care' facility/service - sharing best practice		Integrated Care Board Children's Committee	Beyond Programme
Short Breaks and Respite - Transforming Care Children and Young People Programme	Lyndhurst Provision Building work nearly completed pending Care Quality Commission registration Dec 24 - additional discussion underway regarding provision in other Places.	To prevent inappropriate hospital admission and family/placement breakdown. Support Children and Young People to remain within their own community with services that can meet their needs.	In development - reduction in Hospital admissions and placement breakdowns		Transforming Care Operational Board	Local Authorities (Wirral), NHS
Mental Health in Schools Programme	Mobilisation of wave eleven teams has commenced ready for September 2024	Increased access to Children and Young People's Mental Health support	Mental Health Support Teams Access Target % Coverage of Schools and Colleges		Mental Health Programme Board - Children and Young People's Plan	Schools, Local Authorities, Department of Education Northwest - Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector
Children and Young People Intensive Support	Children and Young People Intensive Support Function embedded across Cheshire, Liverpool and Sefton. Mid-Mersey Children and Young	All areas delivering a Children and Young People Intensive Support Function; to support Children and Young People and their	Number of admissions (including inappropriate) and length of stay. Number of admissions		NHS England, Transforming Care Operational Board	Integrated Care Board, Schools, Local

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<p>Function (Learning Disabilities and Autism)</p>	<p>People Intensive Support Function agreed, and funding secured, work underway to develop and implement.</p>	<p>families in crisis Standardised approach with consistent pathways across Cheshire and Merseyside Avoid inappropriate admission / reduce length of stay Reduction in family / placement breakdown Children and Young People to maintain their education provision Signpost Children and Young People to appropriate community services</p>	<p>/ family or placement breakdown avoided Number of people accessing Intensive Support Function</p>			<p>Authorities, NHS</p>	
<p>Positive Behaviour Support Service - Cheshire and Merseyside</p>	<p>Training needs analysis underway. Interim investment to pilot a Cheshire and Merseyside wide, all age Positive Behaviour Support offer, completed and awaiting pilot project evaluation. Review of specification and need prior to implementing Cheshire and Merseyside wide contract.</p>	<p>A fully operational Cheshire and Merseyside-wide, all-age Positive Behaviour Support service, jointly commissioned; to support those with the most complex needs (rag rated red on the Dynamic Support Database/Dynamic Support Register) Implementation of the Positive Behaviour Support Pilot recommendations Avoid inappropriate admissions and reduce length of stay Greater consistency of service available across Cheshire and Merseyside, with clear pathways in place All frontline Children and Young People Mental Health Support staff to be trained in</p>	<p>Number of admissions (including inappropriate) and length of stay Uptake of behaviour training to families Training completed for Child and Adolescent Mental Health Service (CAMHS) staff Number of people accessing Positive Behaviour Support Number of Positive Behaviour Support plans in place (via Care, Education and Treatment Review (CETR) service)</p>		<p>NHS England, Transforming Care Operational Board</p>	<p>Integrated Care Board, Schools, Local Authorities, NHS, Parent-Carer Forums</p>	

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		Positive Behaviour Support, ensuring a more holistic Positive Behaviour Support approach				
Dynamic Support Keyworker Function	Keyworker team embedded across all 9 Places. Expansion completed to include 18-25yr old with Learning Disabilities / Autism diagnosis at risk of mental health hospital admission	Reduction in inappropriate hospital admission; reduction in family / placement breakdown; Children and Young People to remain within their local area for appropriate support within the community where possible. Reduction in risk incidents.	Number of hospital admissions and length of stay. Number of Children and Young People out of education. Number of Children and Young People/18-25yrs accessing the service. Number of family / placement breakdowns avoided.		NHS England, Transforming Care Operational Board	Integrated Care Board, Schools, Local Authorities, NHS, Parent-Carer Forums
Preparing for Inclusion of Neurodiversity in Schools (PINS)	Identified primary schools completing self-evaluation to identify what support / intervention is needed. Support to begin from September 2024.	Strengthened partnership approaches between local authorities, Integrated Care Boards, parents/carers and schools Better understanding of the experiences of neurodiverse children at school and how to improve them Co-produce joint plans of work to deliver an offer that is beneficial to schools, parents and children Support some of the challenges in terms of identification and assessment Fully consider and incorporate our enablers into any future workplan: workforce, research, data Review and enable evidence	Improved attendance, reduced exclusions and improved attainment. Improved wellbeing in children and increased parent confidence. Improved knowledge and skills in the whole school workforce. More intensive support for children that meets their needs before diagnosis.		Special Educational Needs and Disabilities Collaborative Unit. NHS England. Transforming Care Operational Board.	Integrated Care Board, Local Authorities, Schools, and Parent/Carer Forums

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		base about whether the things we are doing are making a difference				
Autism in Schools project	Initial pilot project completed and evaluated through NHS England. Additional moneys secured for further pilot in Cheshire and Merseyside. Awaiting evaluation.	Long-term aim of Autism in Schools projects is to prevent or reduce school exclusions, out-of-area placements, education-residential placements, and inappropriate movement into specialist settings including Children and Adolescent Mental Health Service inpatients for Autistic children and young people	Improved attendance, reduced exclusions, improved attainment.		NHS England	Integrated Care Board, Local Authorities, Schools, and Parent/Carer Forums

Altogether Fairer Theme – 3 Create fair employment and good work for all

Programme of Investment /Activity	Programme Outline Economic Contribution	Programme Outcomes	Programme Measures	Marmot Beacon Indicators	Accountable Board / Organisation	Which partners are leading on/contributing to this?	Headline Ambition that this contributes to
Economies for Healthier Lives	Economies for Healthier Lives aims to improve job access and retention for individuals with health conditions, boost collaboration between health and economic sectors in the Liverpool City Region and enhance systems for monitoring and reporting health outcomes in labour market programs.	<ol style="list-style-type: none"> 1. Link health and wellbeing outcomes into Liverpool City Region Combined Authority employment strategies. 2. Integrate the local employment support offer into the wider health and social care environment 3. Identify the combined risks of health and employment and their effect on different groups of people and set up 	The establishment of formal arrangements for collaboration between health and economic development sectors, which will help identify, monitor, deliver and evaluate health and labour market programmes more effectively.	<p>Percentage unemployed (16-64 years)</p> <p>Proportion of employed in permanent and non-permanent employment.</p> <p>Percentage employees</p>	Liverpool City Region Combined Authority	Liverpool City Region Combined Authority University of Liverpool Liverpool John Moores University The Health Foundation Liverpool	<p>Work</p> <p>We will work with our employers to help them to create the environments that support our population to start, stay and succeed in work.</p>

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	Economic Contribution	systems to monitor and evaluate the health of employment support participants 4. Identify sources of evidence for the best evidence that support the Labour 5. Share learning across the UK to help change practice.		who are local (Full-Time Equivalent) employed on contract for one year or the whole duration of the contract, whichever is shorter*** Percentage of employees earning below Real Living Wage.		City Region's Public Health Teams Various organisations based in the City Region's Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector	Social Value We will ensure that the Cheshire and Merseyside Health and Care Partnership member organisations become Anchor Institutions by 2026. Children and Young People
Health and Care Partnership Work and Health Partnership Development of Work and Health Strategy (WorkWell)	Building on the work undertaken for our WorkWell bid, to develop a Cheshire and Merseyside integrated work and health strategy which builds on existing local and Integrated Care System work. Economic Contribution	Creation of an Integrated Care System work and health partnership to oversee and lead implementation and review of the strategy.	Data analysis to be completed Service mapping to be completed Creation of work and health partnership Development of integrated work and health strategy.		Population Health Partnership	Integrated Care Board Enterprise Cheshire and Warrington Liverpool City Region Combined Authority	We will address the health inequality gap for children living in households with the lowest incomes by focusing on action that will relieve poverty.
Fair Employment Charter Liverpool City Region Combined Authority	Liverpool City Region Organisations signing up to the Fair Employment Charter - currently 126 businesses formally approved at Aspiring Level Economic Contribution	Recognise good quality and effective practice in fair employment and build the broader case amongst other employers for them to consider changing their practices	Collates Milestones - measuring the progress Organisations approved - split at 6 LA's meeting the standards		Fair Employment Charter Panel	LA's - Organisations	

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<p>Fair Employment Charter Cheshire and Warrington</p>	<p>The Fair Employment Charter development was initiated by the Cheshire and Warrington Leaders' Board, with the intention of celebrating good practice and to support businesses and organisations to raise standards in fair employment practices.</p> <p>The draft charter sets out five initial key aspects of what an employer needs to offer to demonstrate fair employment. It is recognised that each organisation will be on their own Fair Employment journey and so will specialise in some areas rather than others.</p> <p>The Charter will be for a variety of organisations, including all sizes of businesses and all sectors across the public, private and third sector.</p> <p>The Charter is likely to launch in 2025 In Warrington</p> <p>Economic Contribution</p>	<p>An increase in the number of C&W businesses receiving business support, especially in quality of employment, ESG, and promotion of accessibility of employment, which will help with recruiting diverse talent, and addressing the tight labour market</p> <p>Increased collaboration and networking opportunities between C&W businesses and relevant stakeholders in the area</p> <p>A long-term projected increase in business productivity</p> <p>Better working conditions/pay/health outcomes for working residents of C&W as more businesses adopt Charter standards</p> <p>Increased opportunities for residents with additional needs/from a poorer socio-economic background to enter and progress in the workplace, through the Charter's coordinated and enhanced promotion of Accessibility into Work schemes such as those offered by Department for</p>	<p>When the Charter is launched, there is a target in its first year of activity to sign up c80 employers as Charter members at the entry level membership</p>		<p>Cheshire and Warrington Joint Committee</p>	<p>Enterprise Cheshire and Warrington are leading on the delivery of this work, on behalf of C&W Joint Committee (and the three local authorities)</p>	
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<p>Health and Care Partnership</p> <p>NHS Prevention Pledge</p> <p>https://www.cheshireandmerseyside.nhs.uk/about/sustainability/nhs-prevention-pledge/</p>	<p>It is widely acknowledged that a renewed focus on prevention measures is needed at scale to help address the gaps identified by the NHS Five Year Forward View, the NHS Long Term Plan, and the NHS Phase 3 COVID response.</p> <p>To assist NHS Trusts in Cheshire and Merseyside to strengthen and scale up population-level prevention priorities, NHS Cheshire and Merseyside’s Population Health Board has worked with public health charity Health Equalities Group to develop an NHS Prevention Pledge for Trusts in Cheshire and Merseyside.</p> <p>The NHS Prevention Pledge is underpinned by 14 ‘core commitments’ that have been developed through extensive consultation with representatives from provider trusts, NHS England, local authority public health teams, Office for Health Improvement and Disparities, and third sector organisations across the region</p> <p>Economic Contribution</p>	<p>Work and Pensions (DWP) and other stakeholders.</p> <p>We are also exploring how we interpret the Pledge in a primary care setting, which involves considering how it may apply to colleagues such as GPs, dentists, optometrists, and pharmacists. This may provide further opportunities for partners to take early action to support health and wellbeing across a broader range of health and care settings.</p>	<p>The core commitments cover the following key themes:</p> <p>Promoting workforce development, quality improvement, workplace health & wellbeing</p> <p>Embedding brief advice and Making Every Contact Count (MECC) across all services</p> <p>Promoting healthier lifestyles for patients & visitors, including:</p> <ul style="list-style-type: none"> healthier catering smoke-free environments active environments Enhancing anchor institution practices, engaging with the anchor framework & sign up to the C&M Social Value Charter and the C&M Social Value Award Using Marmot principles to address health inequalities Signing up to the C&M Concordat for Better Mental Health Embedding prevention 			<p>Potential to roll out across all System Partners i.e. Integrated Care Board, NHS Trusts, Primary Care, Local Authorities, Voluntary, Community, Faith, Social Enterprise (VCFSE) Organisations, Police, Fire and Rescue</p>	
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			within governance structures			
Workforce and Economic Recovery Group	Strategic overview of data and labour market intelligence and identification and monitoring of opportunities for partnership working on key labour market and skills related issues. Economic Contribution	Better understanding of labour market and stronger partnership working on key issues including labour market shortages (skills and job vacancies)	Reduction in hard to fill job vacancies, more people with higher earnings/fewer needing to claim benefits		Local Authorities Joint Committee	Local Authorities and wider system partners
Careers Hub and wider Pledge Partnership	Employers working more closely with schools and colleges to ensure young people are fully aware of new technologies and career opportunities across Cheshire and Warrington	Full integration of education about careers in the school and college curriculum	More local young people into local jobs and apprenticeships, reduction in the gap in educational attainment between those young people eligible for free school meals and their less disadvantaged peer group, fewer young people not in education, employment or training, improvements in Gatsby benchmark scores		Local authorities Joint Committee	As above
Jobs Portal	Providing easy access to information and intelligence about local employers and current job vacancies Economic Contribution	More people with better understanding of the labour market and current job opportunities	Fewer hard to fill vacancies and employers filling vacancies more easily		Local authorities Joint Committee	
Careers Hub and wider Pledge Partnership	Employers working more closely with schools and colleges to ensure young people are fully aware of new technologies and career	Full integration of education about careers in the school and college curriculum	More local young people into local jobs and apprenticeships, reduction in the gap in educational attainment between those young		As above	

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	opportunities across Cheshire and Warrington.		people eligible for free school meals and their less disadvantaged peer group, fewer young people not in education, employment or training, improvements in Gatsby benchmark scores				
Musculoskeletal Health Employment Advisors	Programme aims to support people with Musculoskeletal (MSK) problems into work/ to return to work/ stay in work through joined-up Musculoskeletal and Employment Advisor (EA) support. Economic Contribution	Pending successful funding application - Key outcome will be to support people with MSK problems to enter/return to/stay in work.	To be confirmed and subject to outcome of funding application: - number of people supported by Employment Advisor - number of people return to work/move back into work		Population Health Partnership	"Integrated Care Board	

Altogether Fairer Theme - 4. Ensure a healthy standard of living for all							
Programme of Investment /Activity	Programme Outline Economic Contribution	Programme Outcomes	Programme Measures	Marmot Beacon Indicators	Accountable Board / Organisation	Which partners are leading on/contributing to this?	Headline Ambition that this contributes to
Cheshire & Warrington Economic Plan	The development of a Sustainable and Inclusive Economic Plan for Cheshire and Warrington Economic Contribution	Document in draft form - pending approval – detail to be confirmed	Pending approval	Proportion of children in workless households Percentage of individuals in absolute pover	C&W Joint Committee and Enterprise Cheshire and Warrington	Enterprise Cheshire and Warrington C&W Business Advisory Board Local	Children and Young People We will address the health inequality gap for children living in

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				ty, after housing costs		Authorities Wider stakeholders	households with the lowest incomes by focusing on action that will relieve poverty.
				Percentage of households in fuel poverty			
LCR Local Growth Plan (in scoping stage – to be developed)	<p>LCR's Local Growth Plan (LGP) will set out a compelling proposition for growing our economy, guided by an innovation-led, inclusive, connected, and sustainable approach to growing the economy and maximising opportunity, delivering on our local growth drivers and enabling conditions – across employment and skills; transport; housing and regeneration; and net zero and climate.</p> <p>LCR's LGP will be produced with a ten-year horizon and include short-term (one-year) deliverables.</p> <p>It will set out a blueprint for how we mobilise the whole economy with the aims of delivering growth and higher living standards.</p> <p>Economic Contribution</p>	<p>Through sustained improvements to wider social determinants – quality of the built and natural environment; access to jobs and better paid work; diverse skills offer; integrated public transport network– Liverpool City Region's Local Growth Plan will be developed with a focus on improving the health and wellbeing of its population and narrowing the healthy inequality gap.</p> <p>Improving health and reducing health inequalities will create the conditions for people to flourish, enabling our residents to better access opportunities, develop better skills, be more productive and prosperous.</p>	TBD		Liverpool City Region Combined Authority (LCRCA)	LCRCA in conjunction with local authorities, civic and private sector partners.	<p>Housing and Health</p> <p>We will work with our Housing partners to maximise the access to health promoting homes and help improve the service offer for people with complex health needs.</p>
Learning from Children and Young People e.g. 2024 Hope Hack	Following the 2023 Hope Hack events that were delivered by the Merseyside Violence Reduction Partnership, YPAS's Peer Researchers have consulted with young people in	Findings show similar themes to 2023, but minor differences were seen in broader issues such as feeling safe in the online world. It was concluded that	Take recommendations within the report into both Local Authorities and Integrated Care		Children and Young People Voluntary, Community, Faith, Social Enterprise (VCSFE) Network - Integrated Care	Voluntary, Community, Faith, Social Enterprise (VCSFE), Integrated	

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Reflection Report - Young Person's Advisory Service (YPAS)	Merseyside in 2024 to see whether their views have differed, whether there are new concerns, and whether they are able to see the impact of the work being carried out	Children and Young People felt comfortable to talk about the services they access. Young people were less aware of the wider provision or initiatives. This may indicate that Children and Young People may benefit from a central point of access information in both services that are available to them and initiatives that have been driven by the voice of young people.	Board forums for further consideration		Board Children's Committee	Care Board and Local Authorities, Young Person's Advisory Service	
Skills bootcamps	Helping employers fill vacancies, reskill existing workforce, and support individuals into work or better paid employment Economic Contribution	People moving into work or progressing in work	Job outcomes		Local Authorities Joint Committee	Local Authorities and wider system partners	
Universal Support Programme - Cheshire and Warrington and Liverpool City Region Combined Authority Programme	Pending Information update Economic Contribution						

Alltogether Fairer Theme - 5. Creating and developing healthy and sustainable places and communities

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Programme of Investment /Activity	Programme Outline Economic Contribution	Programme Outcomes	Programme Measures	Marmot Beacon Indicators	Accountable Board / Organisation	Which partners are leading on/contributing to this?	Headline Ambition that this contributes to
Housing - Recovery Programme Mental Health System Flow work - supporting people with Learning Disability and /or Autism	The Mental Health System Flow Programme supports the ambition of NHS Cheshire and Merseyside to eradicate corridor care in acute hospital Emergency Departments (EDs). A contribution can be made to this ambition by improving mental system flow to support improved community-based interventions and increase the available bed capacity through reducing the number of people who are clinically ready for discharge (CRFD) occupying these beds by more effective and timely discharge arrangements. Economic Contribution	To improve mental health system flow for adults with mental health conditions, this will result in a better experience and outcomes for people with mental health needs as they will receive the right care or support, in the right place, at the right time from the right professional.	No more than 5% occupied bed days filled by people who are Clinically Ready Fit for Discharge (CRFD). Number of people placed in inappropriate out of area placements at zero	Households in temporary accommodation	Mental Health System Flow Steering Group reporting to the Integrated Care Board Recovery Committee	Integrated Care Board, Local Authorities, Housing Providers, Voluntary, Community, Faith, Social Enterprise (VCSFE)	Housing and Health We will work with our Housing partners to maximise the access to health promoting homes and help improve the service offer for people with complex health needs.
Health and Care Partnership Health and Housing Collaborative	A Health and Housing Inequalities Board is being established to drive forward the work of a dedicated housing-focused Health and Care Partnership. This will work across the wider HCP on a defined programme	Programme outcomes to be confirmed as collaborative develops.	Programme measures to be confirmed as collaborative develops.		Population Health Board	Integrated Care Board Housing Providers Champs Public Health Collaborative Housing Associations'	

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	<p>of housing and health integration activity.</p> <p>Four areas have been identified for the initial programme of work:</p> <p>1. General Needs – warmer homes, damp and mould and maximising the impact of the significant investment underway to retrofit homes in the area.</p> <p>2. Specialist housing – making headway in reducing costs and improving the service offer (supported living and other specialist schemes) for people with Learning Disabilities, Autistic People and those with Mental Health needs.</p> <p>3. Improving economic activity - building on the good work of Opening Doors and recognising that in social housing the needs of people have become increasingly complex, and poverty is increasing – all leading to poor health outcomes.</p> <p>4. Public health engagement – using the role that housing associations play in local communities to promote and develop engagement for local people in public health services and making an impact</p>					Charitable Trust	
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	on health inequalities. Economic Contribution						
One Public Estate	<p>The One Public Estate (OPE) programme supports locally led partnerships of public sector bodies to collaborate around their public service delivery strategies and estate needs. We help partners to repurpose surplus public estate for housing, regeneration, and other locally determined uses. Funding available includes:</p> <p>Capital funding - Brownfield Land Release Fund - BLRF2</p> <p>OPE programme supporting Local Authority owned sites to be prepared for the market.</p> <p>The Liverpool City Region was also awarded funding via Opportunity Development Fund in 2022, which supported the Partnership to address health and wellbeing outcomes through the wider public estate. This established a pipeline of clear project opportunities.</p> <p>Economic Contribution</p>	<p>-Creating economic growth (new homes and jobs)</p> <p>-Delivering more integrated, customer-focused services</p> <p>- Generating efficiencies, through capital receipts and reduced running costs</p>	<p>Revenue funding:</p> <ul style="list-style-type: none"> • Capital receipt generated (Local/National) • Reduced Running Costs Generated (Local/National) • Number of jobs created • Land Released for Housing (Hectare) • Colocation of services opportunity (Yes/No) • Number of units delivery <p>Capital Funding:</p> <ul style="list-style-type: none"> • When do site preparation works start • Works in Contract • Site Released to Market • Number of homes (by tenure) 			<p>Stakeholders :</p> <ul style="list-style-type: none"> • Liverpool City Region Combined Authority (partnership lead) • Local Authorities (Halton, Knowsley, Liverpool, Sefton, St Helens, Wirral) • Merseyside Police • Merseyside Fire and Rescue Services • Cheshire Constabulary • Merseyrail • Homes England • Network Rail • NHS • Department of Work and Pensions 	

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<p>Liverpool City Region Combined Authority Local Transport Plan</p>	<p>Running until 2040, the Local Transport Plan focuses on placemaking, health and inclusion. (Plan in development - Public Consultation planned for Autumn/Winter 2024)</p> <p>Economic Contribution</p>	<ul style="list-style-type: none"> - Support good, clean job growth and opportunity for all - Achieve net-zero carbon and an improved environment - Improve health and quality of life - Transport C42 well maintained and tough - Plan and respond to uncertainty and change and be innovative 	<p>Combined Authority Measures</p> <ul style="list-style-type: none"> - Decarbonise transport by 2035 - Vision Zero - no avoidable deaths or injuries on our roads by 2040 in line with new Liverpool City Region Road Safety Strategy <p>Transport for the North Measures</p> <ul style="list-style-type: none"> - Share of trips made by public transport increases to 15% by 2050 (currently 7%) - Share of trips made by active modes increases to 36% by 2050 (currently 27%) - Zero overall regional increase in private car vehicle mileage on the North's road network to 2045, against a baseline of 78.2 billion in 2018 - Double the share of freight (measured as tonne km) carried by 		<p>Liverpool City Region Combined Authority</p>	<p>Liverpool City Region Combined Authority and Local Authorities</p>	
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			rail from 8.5% to 17% by 2050			
Liverpool City Region Combined Authority Spatial Development Strategy	15-year land use plan dealing with strategic planning matters across the city region, including housing and employment, transport, health and wellbeing. Economic Contribution	Outcome of the strategy is to promote sustainable development, address impact of climate change and reducing health inequalities.	Spatial Development Strategy Monitoring Framework to be confirmed		Liverpool City Region Combined Authority	Liverpool City Region Combined Authority and Local Authorities
Health Care Partnership Serious Violence Duty (SVD)	The Serious Violence Duty was introduced as part of the Police Crime Sentencing and Courts Act 2022. It requires specified authorities (of which the Integrated Care Board is one of those specified authorities) to work together to plan to prevent and reduce serious violence. This includes identifying the kinds of serious violence that occur in the area, the causes of that violence (so far as it is possible to do so), and to prepare and implement a strategy for preventing, and reducing serious violence in the area by taking a public health approach. This approach looks to understand the drivers and impacts of serious violence	Cheshire Cheshire is a place where communities feel safe from crime, violence and the fear of violent crime Merseyside A safer, stronger Merseyside, where communities are free from violence and the fear of violence	A reduction in hospital admissions for assaults with a knife or sharp object. A reduction in knife and sharp object enabled serious violence recorded by the police. Homicides recorded by the police.		Merseyside: The lead conveyor for the programme are the Police and Crime Commissioner but they are not a specified authority. Merseyside Strategic Policing and Partnership Board (MSPPB) act as the governance mechanism for the delivery of the duty and oversee the Serious Violence Duty Tactical Oversight group which drives local delivery of the duty. Cheshire: The lead conveyor for the programme are the Police and Crime Commissioner but they are not a	Police, Probation Services, Youth Offending Teams, Fire and Rescue, Health (Integrated Care Boards in England) and Local Authorities. They are working alongside the Police and Crime Commissioner Serious Violence Duty teams.

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					specified authority. The Cheshire Strategic Serious Violence Reduction Partnership oversees the delivery of the Serious Violence Strategy and reports quarterly to the Cheshire Criminal Justice Board.		
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Altogether Fairer Theme - 6. Strengthen the role and impact of ill health prevention							
Programme of Investment /Activity	Programme Outline Economic Contribution	Programme Outcomes	Programme Measures	Marmot Beacon Indicators	Accountable Board / Organisation	Which partners are leading on/contributing to this?	Headline Ambition that this contributes to
Integrated Care System Prevention Programme including Cardiovascular Disease (CVD) Prevention	For Cheshire and Merseyside communities to have the best possible cardiovascular health	1. Reduce deaths from cardiovascular disease 2. Tackle unequal cardiovascular disease outcomes and access to prevention opportunities and deliver against Core20PLUS5 priorities 3. Enhance productivity and value for money 4. Support broader social	Key CVD national targets: Increase % of patients with hypertension treated according to NICE guidance to 80% by March 2025 Increase % of patients	Activity Levels Percentage of loneliness Suicide Prevention: Hospital admissions as a result of self-harm (15-19 years)	CVD Prevention Board chaired by ICB Senior Responsible Officer for Cardiovascular Disease Prevention	Place leads in both ICB and LA Public health teams. Primary care: GP, Community Pharmacy and Optometry Secondary and Tertiary care providers.	All Together Smokefree We will take action to end smoking Everywhere for Everyone. Physical Activity and Healthier Diet & Food Environments

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		and economic development by improving CVD outcomes in working age population	aged 25–84 years with a cardiovascular disease risk score greater than 20% on lipid-lowering therapies to 65% by March 2025			<p>CHAMPS Public health collaborative</p> <p>NHS England North West including Public health Directorate and Cardiac Network - health Innovation Network North West coast.</p> <p>Office for health Improvements and Disparities (OHID)</p> <p>Cardiovascular Disease charities e.g. Blood Pressure UK</p>	<p>We will take action to tackle obesity by focusing on increasing Physical Activity and promoting Healthy Weight helping adults and children to live healthier lives.</p> <p>Children and Young People</p> <p>We will promote good social, emotional and psychological health to protect children and young people against behavioural and health problems.</p>
<p>Health and Care Partnership</p> <p>All Together Fairer Smokefree Programme.</p>	<p>Cheshire and Merseyside All Together Smokefree Strategic Smokefree Framework. Co-produced Framework and Plan, with oversight from a Cheshire and Merseyside Tobacco Control Board, to end smoking, everywhere, for everyone in Cheshire and Merseyside</p>	<p>Interim targets to deliver a fair and equitable Smokefree 2030 for adults and a tobacco free future for every child in Cheshire and Merseyside. Advocacy, Communications and Behaviour Change Interventions. Build momentum for Smokefree</p>	<p>Programme Monitoring Dashboard under development. Delivering a Smokefree 2030 will: Save lives, 3465 people die from smoking each year in Cheshire and Merseyside and</p>		<p>A Cheshire and Merseyside tobacco Control Board will oversee the strategy and implementation plan reporting to the Cheshire and Merseyside Population Health</p>	<p>NHS, Public Health, Integrated Care Board, Local Places, Regulatory partners including HM Revenue and Customs and</p>	

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		2030 plans through system-wide advocacy, communications and behaviour change interventions that engage all nine localities and support community participation in a multi-component tobacco control programme.	103,950 people are living with smoking-related ill health. Healthy Life Expectancy would increase. Free up NHS and Social Care resources. Cheshire and Merseyside economy and personal / family finances would benefit, as well as benefit to the economy supporting healthy working life expectancy.		Partnership and Cheshire and Merseyside Directors of Public Health.	Police, Fire and Rescue Services, Voluntary, Community, Faith, Social Enterprise Sector, Academic partners, regional and national Office for Health Improvement and Disparities/Department of Health and Social Care	
Health and Care Partnership All Together Active	All Together Active: Use a whole-system approach to implement the Cheshire and Merseyside All Together Active Strategy led by the two Active Partnerships.	<ol style="list-style-type: none"> 1. Support our nine Places to further develop opportunities to use physical activity as a way of improving population health. 2. Embed movement, physical activity and sport within the Cheshire and Merseyside health and social care system with a focus on All Together Active and Cheshire and Merseyside Health and Care Partnership priorities. 3. Deliver measurable reductions in health 	<p>a) Creating a whole-system approach towards physical activity in Cheshire and Merseyside within health and social care, monitored through the All Together Active Monitoring & Evaluation Framework and system indicators.</p> <p>b) An overall increase in levels of Physical Activity (from baseline) empowering at least 150,000 inactive people to become more active by 2026</p>		The Cheshire and Merseyside All Together Active Board. Reports to the Cheshire and Merseyside Population Health Partnership and Cheshire and Merseyside Directors of Public Health.	The two Active Partnerships - Active Cheshire and Merseyside Sports Partnership - lead on All Together Active. The All Together Active takes a systems approach to delivery with over 130 stakeholders from 80 organisations	

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		<p>inequalities.</p> <p>4. Empower 150,000 inactive people to become more active.</p>	<p>with a focus on those facing the greatest health inequalities as monitored through the national data (Active Lives Survey).</p>			<p>from all nine Places involved in the implementation of physical activity.</p>
<p>Suicide Prevention</p>	<p>Cheshire and Merseyside have had a focus on suicide prevention coordinated via Champs for a number of years and although rates were reducing prior to the pandemic they have started to increase again. Having postvention support is also part of the NHS Long Term Plan. The multiagency strategic suicide prevention board meets three times a year and reports into the ICB Mental Health Programme Board. The evidence base suggests that the cost of every suicide to the economy is £1.67million.</p>	<p>1.Leadership: Collaborative suicide prevention partnership; focus on interventions to support risks associated with Domestic Abuse, Children Young People and Self harm</p> <p>2.Prevention: To improve awareness of the risks of suicide in key population / groups</p> <p>3.Intervention: To provide and deliver bespoke suicide and domestic abuse training and to develop tools that support safety planning for Children and Young People.</p> <p>4.Postvention: To improve effective suicide bereavement support for all ages which includes specific support for those impacted by suicide and domestic abuse.</p> <p>5.Data, Intelligence, Evidence and Research: To improve the data sets</p>	<p>Programme outputs:</p> <p>1. A review of the role and function of the suicide prevention board.</p> <p>2. A World Suicide Prevention Day event focused on changing the narrative.</p> <p>3. Re-launch of the Kind to Your Mind and Suicide Prevention websites plus delivery of associated promotional campaigns.</p> <p>4. A new training package for suicide prevention linked to domestic abuse to be delivered across C&M.</p> <p>5. A suite of self-harm guidance documents and safety planning tools for Children and Young People.</p> <p>6. Contract monitoring of the postvention service contract which will include developing the offer of support for</p>		<p>Cheshire and Merseyside Suicide Prevention Board, the Cheshire and Merseyside Mental Health Programme Board and the C&M Directors of Public Health Executive Board</p>	<p>Public Health, Local Authorities, Lived Experience Network, Mental Health Trusts across C&M, LJMU, Police, Fire, NWAS, Samaritans, Papyrus, Amparo, SoBS (Survivors of Bereavement by Suicide), SASP (Support After Suicide Partnership) NCISH, Office for Health Improvement and Disparities, NHSE Regional Mental Health Team, DHSE,</p>

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		<p>collated by real time surveillance</p> <p>6. Lived Experience Network: Commission an effective C&M Lived Experience Network.</p>	<p>those impacted by suicide and domestic abuse. Plus, planning for the next phase of commissioning of the postvention service.</p> <p>7. Continual developments to the real time surveillance system including the performance dashboard, which will look to capture additional intelligence to inform suicide prevention actions at local place level and at scale.</p> <p>Impact/Outcomes:</p> <p>1. An overall reduction in the suicide rate and suspected suicides across the sub region of C&M over the 4/5-year strategy. Baseline for C&M from new rates that will be published in September 2023 and request OHID to calculate for C&M footprint (note this would be 2020-22 rate).</p> <p>2. Evaluations of both the Domestic Abuse and CYP Self-harm pilot training packages.</p>			<p>Integrated Care Board</p>	
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			<p>3. Number of Children and Young People repeatedly self-harming has decreased in 3 to 4 years (through emergency admission data as a proxy 15-19).</p> <p>4. Number of people accessing Postvention Support with links to Domestic Abuse is counted (benchmark 2024/25) and in 3 to 4 years we will see the number start to level out from an increasing number.</p> <p>5. Number of beneficiaries referred to Postvention services for support, and the number with a successful outcome</p>				
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Altogether Fairer Theme - 7. Tackle racism, discrimination and their outcomes

Programme of Investment /Activity	Programme Outline Economic Contribution	Programme Outcomes	Programme Measures	Marmot Beacon Indicators	Accountable Board / Organisation	Which partners are leading on/contributing to this?	Headline Ambition that this contributes to
Cheshire, Halton & Warrington Race &	Support for asylum seekers and new refugees Immigration Advice & Casework – we are Office of	Low level mental health support for asylum seekers and refugees through:		Percentage of employees who are from ethnic minority	CHAWREC	CHAWREC Mental Health Alliance	

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<p>Equality Centre (CHAWREC)</p>	<p>the Immigration Services Commissioners (OISC) registered to Level 2 and provide free advice and support around immigration and asylum. Priority is given to most vulnerable groups – Domestic Abuse cases, asylum cases and humanitarian cases</p> <p>Bridging the Gap – a project to address health inequalities in West Cheshire funded through Community Health & Wellbeing Grant</p> <p>Hong Kong British National Overseas (BNO) Project funded by Regional Strategic Migration Partnership (RSMP). This project is funded until June 25 and is intended to provide support to those through the Hong Kong BNO scheme with navigating UK systems, including health.</p> <p>ESOL Provision. We run ESOL classes from pre-entry through to Level 2 – both accredited and unaccredited across Cheshire West and Cheshire East.</p>	<ul style="list-style-type: none"> - Weekly asylum hub - Low level coaching - Immigration advice and support - Free English for Speakers of Other Languages (ESOL) classes - Advice and support in different community languages <p>Increased access to free, high quality immigration and asylum advice for the most vulnerable</p> <p>Increased data around ethnic minority health inequalities locally</p> <p>Better understanding by healthcare providers of ethnic minority community needs</p> <p>Increased awareness amongst ethnic minority communities of local health services</p> <p>Increased satisfaction in health access amongst ethnic minority communities</p> <p>Hong Kongers will feel better equipped to navigate UK systems and therefore be better able to integrate effectively</p> <p>They will have improved access to local services</p>		<p>backgrounds and band/level</p>			<p>Cross cutting theme (Core area of focus) Anti-Racism</p>
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		<p>They will experience an improvement in their mental health</p> <p>They will feel an improved sense of belonging in the area</p> <p>They will have improved English language skills</p> <p>Improved English language skills of students</p> <p>Improved ability to integrate into the UK including securing employment</p>					
<p>Liverpool City Region Combined Authority Race Equality Programme (LCRCA REP)</p>	<p>The economic advancement of Black, Asian and Minority Ethnic Community members in the context of racial justice</p>	<p>Coproduction: To collaborate and codesign with Black, Asian and Minority Ethnic Communities</p> <p>Business Support: Black, Asian and Minority Ethnic groups participate in and benefit from the business ecosystem – create, grow and sustain by accessing opportunities</p> <p>Employability: Black, Asian and Minority Ethnic groups participate in and benefit from education, training and the labour market – access, retention and promotion</p> <p>Leadership: Black, Asian and Minority Ethnic people can access leadership roles and decision-making</p>	<p>There are detailed programme measures for each of the key workstreams identified.</p>		<p>LCRCA REP</p>	<p>Various partners will contribute to different aspects of the delivery of the programme with the majority of the programme being commissioned out to local providers</p>	

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		opportunities Systems Change: Organisational systems, processes and programmes embed equity for Black, Asian and Minority Ethnic Communities				
Anti-Racism Framework	ICB Anti-Racism Framework 3-year Programme of work. Achievement of Bronze level by NHS Integrated Care Board and Integrated Care Board NHS Provider Trusts by End March 2025	Bronze level: Organisation has taken initial steps towards becoming an intentionally Anti-Racist organisation. These deliverables are those that embed structures and accountability for the delivery of racial equity in an organisation. Silver Level: Organisations have embedded structures to ensure commitment and accountability for achieving Anti-Racism and have also developed actions to nurture and empower Black, Asian and Minority Ethnic talent, encourage culture change and improve data collection, quality and reporting. Gold Level: Organisations can demonstrate that Anti-Racism has been embedded at all levels, with diverse representation at the most senior levels and parity in	Bronze level: The appointment of an executive or director level Equality Diversity Inclusion (EDI) sponsor with a commitment to advancing anti-racism within the organisation. Evidence of how the organisation has acted to make antiracism work mission critical in the past year. An organisation must have set and published at least one stretch goal that goes beyond legal or NHS assurance frameworks compliance. The organisation can demonstrate progress over the last 12 months of reducing an identified health inequality. The organisation must have communicated		NHS Cheshire and Merseyside People Committee and Board - Provider Organisations	NHS Cheshire and Merseyside and NHS Provider Trusts

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		<p>staff experience, as well as ensuring Anti-Racism is seen as being everyone's business through performance and engagement.</p>	<p>clearly that it takes a zero-tolerance approach to racist abuse from service users or staff members. Silver Level: Set up a local Black, Asian and Minority Ethnic leadership council within your organisation. All leaders at Band 8A and above must have a personal development plan goal agreed around equality, diversity and inclusion, and a process to report annually the percentage of these goals that have been met. Evidence of inclusive leadership education for all executive directors. An executive director must attend Black, Asian and Minority Ethnic staff network meetings at least four times a year. WRES data and workforce data disaggregated by ethnic groups to be presented at board meetings to ensure</p>				
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			<p>that racial disparities are monitored and addressed as a part of the business as usual.</p> <p>Gold Level: An organisation's board of directors diversity by ethnicity must match closely the diversity of the local population or at the minimum include one Black, Asian or Minority Ethnic member (which ever figure is higher). An organisation must use an EDI performance dashboard that is presented quarterly to board and include performance against the race disparity ratio, WRES, and other race specific targets as appropriate.</p> <p>The organisation must be able to demonstrate two years of consecutive improvements against at least five WRES measures.</p> <p>The organisation can evidence diverse representation within their disciplinary and grievance processes.</p> <p>The organisation</p>				
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			should bring together annually Black, Asian and Minority Ethnic staff to review EDI progress and any learning be built into the following year's plans.			
Cheshire and Merseyside Race Priorities for the LeDeR Programme.	Programme aligns with the Race and Health Observatory recommendations for Integrated Care Board's re LeDeR. (Learning from Lives and Deaths - people with a learning disability and autistic people LeDeR)	<ul style="list-style-type: none"> • Better understanding of population health and wellbeing • Ensuring that the notifications that we receive are representative of our local communities • All NHS and care providers will routinely and accurately collect ethnicity data relating to people with a learning disability and autistic people • The LeDeR programme will ensure that we hear the voices of people with lived experience and others from minority groups to help improve access to services, reduce health inequalities and prevent premature mortality. • Health and social care services will have a good knowledge of the needs of people from different Minority Ethnic communities for which they are responsible 		Cheshire and Merseyside Transforming Care Board in LeDeR.	NHS Cheshire and Merseyside / NHS providers / Local Authority / Care Providers / Advocacy Groups	
Patient and Carer Race	NHS England has launched its first ever anti-racism framework: the Patient and	This mandatory framework will support trusts and providers on their journeys to	The Patient and Carer Race Equality Framework (PCREF)		Trusts, Voluntary, Community,	

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Equality Framework	Carer Race Equality Framework (PCREF), for all NHS mental health trusts and mental health service providers to embed across England.	becoming actively anti-racist organisations by ensuring that they are responsible for co-producing and implementing concrete actions to reduce racial inequalities within their services. It will become part of Care Quality Commission (CQC) inspections.	<p>will support improvement in three main domains:</p> <p>Leadership and governance: trusts' boards will be leading on establishing and monitoring concrete plans of action to reduce health inequalities</p> <p>Data: new data set on improvements in reducing health inequalities will need to be published, as well as details on ethnicity in all existing core data sets.</p> <p>Feedback mechanisms: visible and effective ways for patients and carers to feedback will be established, as well as clear processes to act and report on that feedback.</p>			Faith, Social Enterprise (VCFSE) Sector	
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Altogether Fairer Theme - 8. Pursue environmental sustainability and health equity together

Programme of Investment /Activity	Programme Outline Economic Contribution	Programme Outcomes	Programme Measures	Marmot Beacon Indicators	Accountable Board / Organisation	Which partners are leading on/contributing to this?	Headline Ambition that this contributes to
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<p>Liverpool City Region Combined Authority Climate Change Programme</p>	<p><u>Pathway to Net Zero</u></p> <p>For net zero carbon to happen, we need to make significant changes to four areas of our shared lives; our homes, our neighbourhoods, the journeys we make and our workplaces.</p> <p>Economic Contribution</p>	<p>See the Detail in the link to the Pathway to Net Zero plan</p>	<p>See plan</p>	<p>Percentage (£) spent in local supply chain through contracts.</p> <p>Cycling or walking for travel (3-5 times per week)</p>	<p>LCRCA</p>	<p>All six Local Authorities in the Liverpool City Region</p>	<p>Social Value</p> <p>We will ensure that the Cheshire and Merseyside Health and Care Partnership member organisations become Anchor Institutions by 2026.</p> <p>Physical Activity and Healthier Diet & Food Environments</p> <p>We will take action to tackle obesity by focusing on increasing Physical Activity and promoting Healthy Weight helping adults and children to live healthier lives.</p>
<p>Cheshire and Warrington Climate Change Programme</p> <p>Local Area Energy</p>	<p>Economic Contribution</p> <p>Develop a systematic understanding of the local energy system and how it may transition to net zero then develop actionable business</p>	<p>Business plans for new energy infrastructure that delivers net zero inc. energy generation and storage, heat networks, vehicle charging</p>	<p>Local carbon intensity and savings.</p>		<p>Local Authorities Joint Committee</p>		

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<p>Planning</p> <p>Natural Capital Programme</p> <p>Housing retrofit programme</p>	<p>cases to take this forward alongside private and public partners.</p> <p>Develop an investment plan for nature that also provides for a range of ecosystem services benefits – e.g. water availability and quality, air pollution mitigation, etc.</p> <p>Facilitate transition of C&W housing stock to net zero whilst facilitating local energy security and reducing fuel poverty.</p>	<p>infra., and retrofit.</p> <p>Enhanced natural capital resources and biodiversity across the C&W area.</p> <p>Retrofit hub to drive retrofit at scale, sub-regional retrofit strategy</p>	<p>Investment into nature, water quality and availability, air pollution indexes.</p> <p>Local energy bills, number working in sector, percentage of local heat from low carbon sources.</p>				
<p>Health and Care Partnership</p> <p>Social Values/Sustainability Anchors Programme</p>	<p>Development of a system Anchor Plan setting out the principles of being a C&M anchor organisation and growing the reach of the programme</p> <p>Strengthen partnership work to embed Social Value, Anchor and sustainability requirements across the integrated Care System</p> <p>Economic Contribution</p>	<p>Improving Health outcomes, addressing inequalities, achieving best value and developing social sustainability</p> <p>Consistent approach aligning Social Value and Anchor work to support reducing health inequalities and ensuring alignment across programmes</p> <p>Joined up approach to delivering on targets, maximising capacity and capabilities</p>	<p>Strategy developed and aligned with C&M Themes Outcomes and Measures (TOMs) and Anchor assembly process</p> <p>Cheshire and Merseyside Themes, Outcomes and Measures (TOMs) / Social Value Portal; Anchor Assembly dashboard;</p> <p>Increased take up to C&M TOMs Anchor framework and delivery of Green plan targets.</p>		<p>Cheshire and Merseyside Sustainability Board</p>	<p>System Partners i.e. Integrated Care Board, NHS Trusts, Primary Care, Local Authorities, Voluntary, Community, Faith, Social Enterprise (VCFSE) Organisations, Police, Fire and Rescue</p>	

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<p>The Green Plan</p>	<p>The Green Plan sets out the Integrated Care Board approach to being net carbon zero and tackling the health impacts and resulting health inequities of climate change. The work is aligned to All Together Fairer and prioritises delivery of the United Nations Sustainable Development Goals. (Note the Green Plan is being refreshed for 2025-2028.)</p> <p>Economic Contribution</p>	<p>The refreshed Green Plan will set revised targets to Deliver net zero</p>	<p>Green Plan SMART targets (Specific, Measurable, Achievable, Relevant and Time-Bound)</p> <p>Series of priorities measured across ten themes, reported to Sustainability Board, Health Care Partnership and regionally</p>				
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Appendix 1

Marmot Themes

1. **Give every child the best start in life**

- Review inequitable outcomes in early years and bring systems together within each place to ensure equitable early intervention, involving all partners (such as education, social care - children's services, communities and the VCFSE sector, children's boards, public services, NHS, local authorities).
- Assess early years provision and parental support within each place and provide further support for early years settings in more deprived areas and in collaboration with communities in these areas and / or families with disabilities, or English as a second language for example.
- Assess how the ACEs agenda links to the early years approach in Cheshire and Merseyside and ensure families' voices are included in this agenda.
- Assess maternity leave policies and support for child care by all employers, including private business.
- Work in partnership to improve school readiness for all and reduce inequalities between children eligible and not eligible for free school meals. Ensure support is focussed to develop children's early learning, especially with regard to speech and language skills and the ACEs agenda.
- Ensure shared accountability across the system and within each place to give every child the best start in Cheshire and Merseyside (include children's public health, early years and wider family services including education and VCFSE sector).
- Develop a region-wide childcare workforce standard, which includes training and qualifications on the job to a higher standard and pay than national requirements.

2. **Enable all children, young people and adults to maximise their capabilities and have control over their lives.**

- Better communicate available youth services and reduce inequalities in access to these, including transport costs.
- Assess provision of career guidance and aspiration approaches in primary, secondary schools and FE colleges at each place.
- LEP/Chamber of Commerce work with businesses to support links with schools for training and recruitment and offering mentorships and for provision of youth services.
- Work with young people to hear their views about what is needed in local areas.

- ICS to develop NHS actions to support young people's education and skills and liaising with schools and employers and NHS recruitment and training.
- Jointly commission (NHS, local government and national government) and increase funding for programmes to support young peoples' mental health in schools, the community and at work.
- Review school's mental health support team funding to ensure it is reducing inequalities.
- Extend free school meal provision for all children in households in receipt of Universal Credit and resource holiday hunger initiatives adequately at each place.
- All young people who are able are either in training, employment and education up until the age of 21.
- Commission the VCFSE sector to provide leisure and recreation opportunities in each place.
- Develop a regional young persons' skills strategy in partnership with the LEP and businesses with a focus on areas with higher levels of deprivation and those most at risk of exclusion and a focus on apprenticeships and in-work training.
- Increase minimum wage for apprenticeships (LEP, businesses).
- Work in partnership to provide skills development and training opportunities for young people in each place.

3. Create fair employment and good work for all

- Assess local workplaces and their capacity to produce and implement policies to recruit and retain people with a disability or long-term condition.
- Establish criteria for healthy workplace standards for public and private sectors. To include:
 - Wages to meet the minimum income for healthy living.
 - Provision of in-work benefits including sick pay, holiday and maternity/paternity pay.
 - Provision of advice and support e.g. debt and financial management, housing support at work.
 - Provision of education and training on the job.
- Strengthen equitable recruitment practices including provision of apprenticeships and in work training, recruitment from local communities and those underrepresented in the workforce.
- Monitor policies to recruit and retain people with a disability or long-term condition.
- Build on actions to increase local recruitment into all jobs and work with employers to improve retention rates.
- Provide guidance to workplaces to recruit and retain people with a disability or long-term condition.
- Work with businesses, chambers of commerce, public sector, NHS and local authorities to improve support for mental health, housing and finances in all workplaces.

- Target funding for adult education in more deprived communities and link to job market demands. Offer training and support to older unemployed adults and ensure the private sector participates in training and skills development and link this to the regional good work standard.
- Implement adoption of the healthy business and healthy employment / regional good work standard. Include within commissioning contracts.
- Offer on the job training and skills development and link this to the regional good work standard.

4. Ensure a healthy standard of living for all

- Work with local residents and local stakeholders to understand “true” regional poverty and local financial pressures, including the reality of all care costs, in-work poverty, debt burden, tax credit and welfare reforms, benefits, and housing costs (such as through Poverty Truth Commissions).
- Make the case to the VCFSE sector and local authorities to shift from only emergency provision to act on the social determinants of health.
- Map social welfare and legal advice providers to facilitate development of registry of services for the NHS. ICS to support advice networks (such as Liverpool Access to Advice Network and Citizens Advice).
- Define a minimum income for healthy living for the region.
- Identify how primary and secondary NHS care can better refer to fuel and food insecurity support services.
- Work with local community and employer institutions to provide credit, reduce levels of debt and increase financial management advice in schools and workplaces.
- Shift from crisis to prevention approaches in delivering food security and have as a goal eliminating the need for food banks.
- Monitor offer of minimum income for healthy living and include requirement to paying minimum income within commissioning contracts.
- Collect and publish data on local employers paying minimum income for healthy living.
- Support advocacy to increase national funding to eradicate all fuel and food poverty.

5. Create and develop healthy and sustainable places and communities

- Review private rented sector regulation actions in the Levelling Up white paper.

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- Support national advocacy to strengthen local powers and capacity within enforcing authorities across planning and housing.
- Define affordable housing in Cheshire and Merseyside and link to “true” regional poverty.
- Create a platform where housing and local residents can communicate about how housing is impacting on health and wellbeing.
- Develop place-based partnerships to strengthen approaches to community policing (such as public and mental health, police, DWP, children’s service), and develop a public health approach to violent crime.
- Work with local residents and partners (such as businesses and the NHS) to improve quality of existing green spaces in areas of higher deprivation.
- Develop region-wide actions to create health promoting environments (unhealthy advertising and planning decisions, for example).
- NHS, local government work in partnership to regenerate areas. Work alongside local communities to better include their needs when reviving local high streets.
- Extend incentives to encourage people back to public transport.
- Appoint senior role in housing and health in ICS (including homelessness and rough-sleeping).
- NHS to scale up provision of services and invest in preventing street homelessness and work with the VCFSE sector and local authorities.
- Partner with NHS and local government, housing and tenant associations to assess housing standards in the private rented sector.
- Develop health and wellbeing checks for people living in temporary accommodation and appropriate referral pathways (such as housing services, social welfare advice and employment).
- Health equity assessment of Liverpool City Region additional transport investment and new proposals to create “London-style” transport system. Share findings with Cheshire and Warrington.
- Work in partnership to implement adoption of decent home standards in all social and private rented sector housing.
- Ensure that all housing developments contain a minimum of 30 percent of dwellings classed as “affordable” and support local control of the local housing allowance and ensure it covers 50 percent of market rates.
- Prioritise provision of new green spaces in areas of higher deprivation.
- Adopt city-wide strategies that put health equity and sustainability at the centre of planning.
- Develop and implement housing and social conditions assessment to be used in primary and secondary health care appointments and develop monitoring of these questions.

- NHS to coordinate investment and action to take a leading role in strengthening partnerships with the housing sector, including the private rental sector and local residents.
- Health equity assessment of transport provision in Cheshire and Warrington to support Cheshire and Merseyside approach.

6. Strengthen the role of prevention and ill health prevention

- Cheshire and Merseyside Clinical Networks to work with the ICS to coordinate social determinants of health activity across the system to improve population health.
- Extend current ill health prevention policies and actions to adopt an equity and the social determinants of health approach, embed social determinants of health approach in ICP contracts and plans.
- Assess the total funding allocations and receipts by local area deprivation in Cheshire and Merseyside.
- Adopt Deep End approach (or equivalent) in primary care.
- ICS review social prescribing offer in Cheshire and Merseyside to ensure it is addressing the social determinants of health.
- Prioritise reducing social isolation as a health intervention with greater involvement from the NHS and make use of Local Enterprise Partnership's influence, connections with big businesses, skills and financial resources to increase social connectedness.
- Map digital exclusion in the region and develop networks with partners in healthcare, local authorities, the VCFSE sector, education and businesses to identify tools to reduce digital exclusion.
- Align local poverty strategies to include commitment to reducing digital exclusion.
- Reduce inequalities in digital exclusion by delivering hardware and funding support for basic digital skills.
- Review impact of Prevention Pledge and Making Every Contact Count in reducing inequalities.
- Allocate health resources proportionately, with a focus on the social determinants.
- Revise social prescribing offer to focus on the social determinants of health (such as housing, debt and financial advice).

7. Tackle racism, discrimination and their outcomes

- Businesses, public sector and the VCFSE sector to actively communicate and publish how meeting equality duties in recruitment and employment including pay, progression, and terms.

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- Work with NHS, local authorities, public sector, and businesses to gather data on their workforce by ethnicity and by pay and grade.
- Reinforce the efforts of health and social care providers to facilitate equitable access to their services and all health and social care providers are collecting data on service users by ethnicity.
- Require all health and social care providers to collect data on service users by ethnicity.
- ICS to establish effective engagement with all ethnic minority communities and involve communities, the VCFSE sector and community leaders in the assessment of current and development of new services and interventions.
- Involve the VCFSE sector organisations and networks tackling racism in businesses and the public sector.
- Based on findings in Year 1, set actions to reduce racism and its outcomes in the NHS, local authorities, public sector and businesses.
- Ensure there is critical feedback and evaluation with involvement from ethnic minority communities. Develop improved data collection methods, including qualitative methods.

8. Pursue environmental sustainability and health equity together

- ICS work with local government, housing associations to retrofit homes, including private homes, to reduce fuel poverty and greenhouse gas emissions.
- Work with local authorities, businesses and chambers of commerce to prioritise the health and wellbeing of citizens and environmental sustainability in economic recovery and growth policies.
- Enforce existing smokeless fuel standards.
- Health equity assessment of Cheshire and Merseyside Green Plan and Place-based Green plans in each of Cheshire and Merseyside's nine local authorities.
- Passive cooling measures included as standard in retrofits and new builds that are at risk of high indoor temperatures.
- Installations of new wood burning and gas stoves in urban areas eliminated, and existing stoves phased out.
- Ensure any new walking and cycling infrastructure reaches areas with the lowest rates of physical activity.

Marmot System Recommendations

1. Increase and make equitable funding for social determinants of health and prevention
2. Strengthen partnership for health equity

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3. Create stronger leadership and workforce for health equity
4. Co-create interventions and actions with communities
5. Strengthen the role of business and the economic sector in reducing health inequalities
6. Extend social value and anchor organisations across the NHS, public service and local authorities
7. Develop social determinants of health in all policies and implement Marmot Beacon Indicators